

AHCCCS ON-LINE CLAIM SUBMISSION MANUAL

Section 4.d:

ADA (Dental)




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Arizona Health Care Cost Containment System



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- Provider Information
- Claim Status
- Electronic Remittance Advice
- Prior Authorization Inquiry
- Newborn Notification
- Claim Submission**
- Provider Verification

Account Information

User Name: awescobedo

User ID: 0000020

Type: Individual

IP: 170.68.241.206

AHCCCS Provider ID: 436198

User Account

Claim Submission

Enter New Claim


Type of Claim: Professional


- Professional
- Institutional
- Dental**

Click on the down arrow.

Click on Dental

View Status

Date of Submission: 



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Account Information

User Name: awescobedo

User ID: 0000020

Type: Individual

IP: 170.68.241.206

AHCCCS Provider ID: 436198

User Account

Claim Submission


Enter New Claim

Type of Claim:

Click on Go

View Status

Date of Submission:



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Dental Claim Information

Help


Billing Provider			
Provider ID	National Provider ID (NPI)	Tax ID	Name
123456		123456789	Find...

When done entering Data click on Find

Enter the Billing Provider AHCCCS ID number here, or the group ID, whichever applies.

Enter the billing Provider Tax ID here, or the group Tax ID, whichever applies

Note:
As of March 1, 2008 the NPI ID number will be required.



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Account Information

User Name: awescobedo
User ID: 0000020
Type: Individual
IP: 170.68.241.206
AHCCCS Provider ID: 4
User Account

Dental Claim Information

Billing Provider

Provider ID	National Provider ID (NPI)	Tax ID	Name	Type
123456		123456789	The Group	GROUP-PAYMENT ID

Service Provider

Provider ID	National Provider ID (NPI)	Location	Name	Type
654321				

Enter the Servicing Provider ID number here

When done entering Data, click on Find

Note:

As of March 1, 2008 the NPI ID number will be required.

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User Name: awescobedo
User ID: 0000020
Type: Individual
IP: 170.68.241.206
AHCCCS Provider ID: 436198
User Account

Dental Claim Information
Help

Billing Provider

Provider ID	National Provider ID (NPI)	Tax ID	Name	Type
123456		123456789	Find... The Group	GROUP-PAYMENT ID

Service Provider

Provider ID	National Provider ID (NPI)	Location	Name	Type
654321		01	Find... Dr John	Dentist

Recipient

AHCCCS ID	Name	Date of Birth	Gender
a12345678	Find...		

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CLICK TO VERIFY

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Enter the Members AHCCCS ID number

When done entering Data, click on Find

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Dental Claim Information

Help

Billing Provider					
Provider ID	National Provider ID (NPI)	Tax ID	Name	Type	
123456		123456789	Find... The Group	GROUP-PAYMENT ID	

Service Provider					
Provider ID	National Provider ID (NPI)	Location	Name	Type	
654321		01	Find... Dr John	Dentist	

Recipient					
AHCCCS ID	Name	Date of Birth	Gender		
A12345678	Find... Doe, Jon	05/28/2004	M		

Prior Authorization Number	Patient's Account Number	Place of Treatment	Submission Reason	Original Reference Number	
	DOEJ123	11	Original		

Referring Provider ID		Referring Provider NPI	

Treatment Resulting From			
Date of Accident	Occupational Illness/Injury?	Auto Accident?	Other Accident?
	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No

Enter Patient's Account Number. Something has to be entered here

Click on the down arrow, and then click on the Place of Service that's appropriate

When done entering Data, click on Find

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Dental Claim Information

Enter the Date of Service for each service line.

Enter the Tooth Number here, if required

Enter the Tooth Surface here, if required

Enter the Units here.

Enter the billed charges for each service line.

Click on the Submit button to submit the claim

Account Information

User Name: awescobedo
 User ID: 0000020
 Type: Individual
 IP: 170.68.241.206
 AHCCCS Provider ID: 436198
 User Account

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Service Lines	HCPCS Procedure		Modifier Code		Tooth Surface					Fee	Units	Emergency	Other Insurance	Medicare			Delete	
	Date	Code	1	2	Tooth #	1	2	3	4					5	Paid	Deductible		Coinsurance
1	01/01/2007	D1351									\$50.00	1	<input type="radio"/> Yes <input checked="" type="radio"/> No					<input type="checkbox"/>
2	01/01/2007	D2150			31	O	B				\$199.00	1	<input type="radio"/> Yes <input checked="" type="radio"/> No					<input type="checkbox"/>
3													<input type="radio"/> Yes <input checked="" type="radio"/> No					<input type="checkbox"/>
4													<input type="radio"/> Yes <input checked="" type="radio"/> No					<input type="checkbox"/>
5													<input type="radio"/> Yes <input checked="" type="radio"/> No					<input type="checkbox"/>
6													<input type="radio"/> Yes <input checked="" type="radio"/> No					<input type="checkbox"/>
7													<input type="radio"/> Yes <input checked="" type="radio"/> No					<input type="checkbox"/>
8													<input type="radio"/> Yes <input checked="" type="radio"/> No					<input type="checkbox"/>
9													<input type="radio"/> Yes <input checked="" type="radio"/> No					<input type="checkbox"/>
10													<input type="radio"/> Yes <input checked="" type="radio"/> No					<input type="checkbox"/>

Add More Service Lines...

< Previous Submit

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Account Information

User Name: awescobedo
User ID: 0000020
Type: Individual
IP: 170.68.241.206
AHCCCS Provider ID: 436198
User Account

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CLICK TO VERIFY

SEPT 18 2007 15:52:47

Transmission Status: Successful

Claim Type: Dental

Patient Account Number: DOEJ

View Claim

Enter New Claim

Click on

View Claim

This will let you view what was entered and allow you to make changes/corrections to the claim, if necessary

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Arizona Health Care Cost Containment System Dental Claim Submission

Recipient:	A52612622 THUNDERBULL, TRUITT	Service Provider ID:	092453-01
Billing Provider Tax ID:	860212139	Billing Provider ID:	418196
Prior Authorization Number:		Referring Provider ID:	
Place of Treatment:	14	Patient's Account Number:	DOEJ
Employment Accident:	N	Date of Accident:	
Auto Accident:	N	Submission Reason:	ORIGINAL
Other Accident:	N	Original Reference Number:	
Accident State:		Service Provider NPI:	
Billing Provider NPI:		Referring Provider NPI:	

Service Lines

Line #	HCPCS Procedure		Modifier Code		Tooth #	Tooth Surface					Fee	Units	Emergency	Other Insurance	Medicare		
	Date	Code	1	2		1	2	3	4	5					Paid	Deductible	Coinsurance
1	01/01/2007	D1351									50.00	1	N	0.00	0.00	0.00	0.00
2	01/01/2007	D2150			31	O	B				199.00	1	N	0.00	0.00	0.00	0.00

Click on [Edit Current Claims](#) to fix errors or make changes to the claim.

[Edit Current Claim](#)
[Enter New Claim](#)

Click on [Enter New Claim](#) to enter another claim

NOTE: Please use your browser to print this screen if you wish to maintain a copy. Be sure to set the print Orientation to *Landscape*.

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- Provider Verification

Account Information

User Name:	awescobedo
User ID:	0000020
Type:	Individual
IP:	170.68.241.206
AHCCCS Provider ID:	436198
User Account	

Claim Submission

Enter New Claim


Type of Claim: Dental Go...

You can start entering a new claim here

View Status

Date of Submission: 09/18/2007 Go...

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Arizona Health Care Cost Containment System Online Claim Submissions

Claim Type	Submission Date/Time	Patient Account Number	Status	Processing Date/Time	CRN	Adjudication
Dental	9/18/2007 3:54:57 PM	DOEJ	Pending			

Record Count: 1

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This page will show only claims that were entered via the web site and only those that were entered on the date you specified. This page will show if the claim is pending, paid, or denied. You can still edit any claim in a pended status by clicking on the Patient Account #. You can also print this page for your record.

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Set your printer to print landscape if you want to print this page for your record.

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